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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/803,301	03/09/2001	Jeffrey Sinsky	J. SINSKY-W.YANG 3-1	1204

TITLE OF INVENTION: TECHNIQUE FOR MONITORING SONET SIGNAL

APPLN. TYPE SMALL ENTITY		ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE		DATE DUE		
Ī	nonprovisional	NO	\$1400		\$0	\$140	00	04/04/2005	
	EXAM	INER	ART UN	IT	CLASS-SUBCLASS				
	PHAM, THOMAS K		2121		700-055000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		<ul> <li>2. For printing on the patent front page, list</li> <li>(1) the names of up to 3 registered patent attorney or agents OR, alternatively,</li> <li>(2) the name of a single firm (having as a member registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name listed, no name will be printed.</li> </ul>		attorneys 1 member a 2 s of up to	2		<u></u> <u>ss</u> o 		
3	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE LUCENT TECHNOLOGIES INQB) RESIDENCE: (CITY and STATE OR COUNTRY)

MURRAY HILL, NJ 07974 STATE OF DELAWARE

Please check the appropriate assignee category or categories (will	not be printed on the patent):	Government
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5 Change in Entity Status (from status indicated above)	•	

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. 
b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date 3-29-05

Registration No.

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